

FORM  
5A

Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
----	----	----	----

Document Number:

400100687

**COMPLETED INTERVAL REPORT**

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 47120 4. Contact Name: Cindy Vue  
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6832  
3. Address: P O BOX 173779 Fax: (720) 929-7832  
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-31409-00 6. County: WELD  
7. Well Name: BALLINGER Well Number: 31-18  
8. Location: QtrQtr: SWNW Section: 18 Township: 3N Range: 67W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 09/03/2010 Date of First Production this formation: 09/22/2010  
Perforations Top: 7110 Bottom: 7388 No. Holes: 110 Hole size: 0.42

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

NBRR Perf 7110-7254 Holes 62 Size 0.42 CODL Perf 7380-7388 Holes 48 Size 0.42  
Frac NBRR w/ 250 gal 15% HCl & 246,459 gal SW & 201,600# 40/70 sand & 18,327# 20/40 sand & 8,000# SB Excel.  
Frac CODL w/ 121,600 gal pHaser & 203,193# 20/40 sand.

This formation is commingled with another formation: ☐ Yes ☒ No

**Test Information:**

Date: 10/21/2010 Hours: 24 Bbls oil: 12 Mcf Gas: 71 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 12 Mcf Gas: 71 Bbls H2O: 0 GOR: 5917  
Test Method: FLOWING Casing PSI: 1676 Tubing PSI: 867 Choke Size: 16/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1272 API Gravity Oil: 46  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7347 Tbg setting date: 10/05/2010 Packer Depth: \_\_\_\_\_

Reason for Non-Production: \_\_\_\_\_

Date formation Abandoned: \_\_\_\_\_ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: \_\_\_\_\_ Sacks cement on top: \_\_\_\_\_

Comment: \_\_\_\_\_

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_

Print Name: Cindy Vue

Title: Regulatory Analyst II

Date: \_\_\_\_\_

Email Cindy.Vue@anadarko.com

:

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_

**Director of COGCC**

Date: \_\_\_\_\_